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Applying Peplau's Interpersonal Relations Theory to Establish Therapeutic Communication with a Hospitalized Young Woman Following Repeated Suicide Attempts

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ABSTRACT

Suicide attempts among young adults, especially those involving multiple drug poisonings, are a serious public health issue in Iran. This case study aimed to show how Hildegard Peplau's Theory of Interpersonal Relations can help create therapeutic communication with a 19-year-old woman admitted after her third suicide attempt, which involved multiple drugs. The study also aimed to identify hidden psychosocial factors that contribute to repeated suicide attempts in the Iranian cultural context. This qualitative case study was conducted in 2025. Data collection included semi-structured interviews, a thorough review of nursing records, and an examination of the clinical case file. Data analysis followed the interpretive thematic analysis method outlined by Braun and Clarke. The thematic analysis revealed three main themes: building trust through culturally sensitive communication, identifying hidden psychosocial stressors, and. developing culturally tailored coping strategies. The patient initially concealed her romantic relationship issues due to cultural taboos. This information was gradually uncovered through Peplau's phases. Direct quotes from the patient made up 65% of the findings, showing her journey from initial resistance to openness and acceptance. A follow-up assessment one month later confirmed clinical improvement and no recurring suicidal behaviors. In conclusion, Peplau's theory offers a useful framework for forming therapeutic connections with young adults hospitalized for suicide attempts involving multiple drug poisonings, especially in cultures where underlying psychosocial issues may be hidden due to societal pressures. This theoretical approach helps identify various risk factors and design specific interventions.

Keywords: Interpersonal Relations; Suicide Attempt; Multi-drug Poisoning, Young Women; Case Study

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Introduction

Suicide constitutes a paramount global health concern, with estimates suggesting approximately 700,000 deaths annually attributable to suicide worldwide [1]. In Iran, suicide by poisoning remains a predominant cause of hospitalization and a leading contributor to mortality [2]. Multi-drug poisoning represents a particularly common

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modality of suicidal behavior [3]. Consequently, suicide attempts among young individuals, particularly those involving multi-drug poisoning, present a significant mental health challenge and are recognized as a grave public health crisis [4]. While suicide occurs across the lifespan, it ranks as a primary cause of mortality among individuals aged 15 to 29 globally [5]. Annually, a substantial number of adolescents and young adults, typically between the ages of 14 and 28, engage in various suicidal methods; this demographic exhibits the highest incidence of suicide attempts, with pharmaceutical overdose being a frequently reported method [6, 7].

Globally, men die by suicide at approximately three times the rate of women. In Iran, men also complete suicide at roughly twice the rate of women; however, in certain high-burden regions—particularly in western provinces—this pattern reverses, with women exhibiting higher rates of suicide attempts and completions compared to men. This regional disparity suggests that in western Iran, women may face unique sociocultural pressures and gender-specific stressors that elevate their risk of suicidal behavior beyond patterns observed in many other countries, thus underscoring the importance of culturally contextualized research and gender-sensitive prevention strategies in areas with elevated suicide rates [8, 9]. Moreover, women exhibit higher rates of suicide attempts with drug poisoning compared to men, with young women demonstrating a particularly elevated mortality rate from non-violent suicide methods, such as poisoning [10, 11]. Repeated suicide attempts account for an estimated 30–40% of all cases, conferring a significantly elevated risk of death by suicide among these individuals [12].

Therapeutic communication in the care of patients who attempted suicide by poisoning plays a central role in identifying hidden psychosocial factors and building trust between nurses and patients, and the use of structured communication strategies, such as active listening and empathy, significantly increases the accuracy of risk assessment and the design of personalized interventions, especially in cases where multiple drug poisoning is associated with severe frustration or relationship conflicts; therapeutic communication can cause the discovery of deeper reasons for committing suicide [13]. Appropriate communication approaches and effective communication not only help the physical safety of the patient but also provide a foundation for psychological recovery and prevention of repeating suicidal acts [14].

Effective nurse–patient communication is a cornerstone of nursing care, significantly enhancing clinical outcomes and patient satisfaction. When communication is patient-centered and reciprocal, it assumes a therapeutic dimension, fostering mutual trust and respect, and addressing the unique needs, concerns, and preferences of patients and their caregivers. Given the inherent individuality of human beings, an idealized, one-size-fits-all approach to communication is unattainable; however, by cultivating knowledge and skills in this domain, substantial progress can be made toward its enhancement. Despite its recognized importance, effective nurse–patient communication remains a formidable challenge for many nurses, demanding considerable experience and refined expertise [15, 16]. Peplau's Theory of Interpersonal Relations offers a potent theoretical framework in nursing, underscoring the critical significance of the therapeutic relationship between the nurse and patient [17]. This theory provides actionable concepts that guide the establishment of strategic communication with clients through an observational, experiential, and reflective approach in both structured and unstructured interactions [18].

Introduced in 1952, Peplau's theory was pioneering in its emphasis on the therapeutic relationship and psychological dimensions of care, exerting a profound influence on the evolution of the nursing profession. Peplau posited that "nursing is an artful process that involves the use of interpersonal communication to assist individuals in reducing anxiety and increasing self-understanding" [17].

Peplau's theory delineates three primary phases: 1) the Orientation phase, 2) the Working phase (further comprising Identification and Exploitation sub-phases), and 3) the Termination phase. During the Orientation phase, the patient becomes familiar with the new environment and the nurse by posing initial inquiries. In the Identification phase, the patient begins to select therapeutic resources and express their emotions. The Exploitation phase involves the patient actively utilizing therapeutic resources. Finally, in the Termination phase, the patient gradually regains independence, and the therapeutic relationship concludes [17, 19].

Peplau's theory is particularly beneficial for working with patients because it emphasis on building trust and fostering effective communication. For instance, a recent study by Morais et al. in 2024 examined the application of Peplau's theory in tele-nursing with families of patients diagnosed with COVID-19. The findings indicated that this theory could significantly contribute to enhancing communication quality and reducing family anxiety [20].

While numerous studies have explored the application of Peplau's theory across diverse clinical

settings, including oncology [21-23], diabetes management [24-26], and psychiatric disorders [18, 27], consistently highlighting its positive impact, there is a paucity of research specifically addressing its utility in the care of hospitalized young women who have attempted suicide via polysubstance ingestion in Iran. Cultural sensitivity is a critical consideration in the Iranian context, where social taboos significantly impact communication about sensitive topics, Previous studies have demonstrated that cultural factors can create barriers to therapeutic communication, with patients often concealing underlying issues due to fear of judgment or social consequences [9, 28]

Although statistics highlight the serious issue of suicide attempts through multi-drug poisoning among young adults in Iran, effective nursing care requires theoretical frameworks that can overcome cultural barriers to disclosure. Peplau's Interpersonal Relations Theory provides a strong foundation for building therapeutic relationships that promote trust and help patients share hidden psychosocial issues often masked by social taboos, such as interpersonal conflicts and romantic relationships. This study focuses on the following research question: How can Peplau's Theory of Interpersonal Relations be used to create therapeutic communication and reveal culturally hidden reasons for repeated suicide attempts in a hospitalized young Iranian woman after multi-drug poisoning? This study aims to fill the knowledge gap regarding the application of Peplau's theory in the specific context of recurrent multi-drug suicide attempts in Iran, with particular attention to cultural adaptation and identification of concealed psychosocial stressors.

Materials and Methods

This study used a qualitative case study design based on Peplau's Theory of Interpersonal Relations as its theoretical framework, conducted in 2025. Qualitative case studies allow for a deep examination of a specific case using theoretical frameworks to interpret and analyze data. This method works well for exploring complex topics in real-world situations, leading to a better understanding of processes and experiences.[29]. This study involved individuals who attempted suicide with multiple substances and sought care at the emergency department of an educational hospital in Khorramabad. The researchers specifically selected a 19-year-old woman with a history of two suicide attempts in the past month. The criteria for selection included: 1. Admission due to a polysubstance overdose from a suicide attempt, 2. Age between 18 and 25 years, and 3. Hesitance to communicate or explain the reasons for her suicidal thoughts.

M. K., a Ph.D. student in nursing and an emergency nurse, provided direct patient care. The researcher recorded interactions through field notes and conducted interviews with the patient after obtaining consent. It should be noted that the research process was conducted without any interference in medical decision-making.

Data collection used three main methods: 1. Semi-structured interviews: Three interview sessions, each lasting 45-60 minutes, took place with the patient during her hospitalization. The questions were based on Peplau's theory and explored the patient's feelings, experiences, and reasons for her suicide attempts. The interviews were audio-recorded with consent and transcribed word-for-word. 2. Field notes: Detailed notes were taken during the patient's interactions. These notes described the patient's behavior, her reactions to nursing interventions, and changes in her mental state. Field notes were collected with written consent to ensure patient privacy. 3. Clinical record review: The research team examined the patient's clinical record, which included demographic data, medical history, psychiatric evaluations, and treatment plans.

Data collection lasted one week and covered the patients' hospital stay. The interview sessions were scheduled with suitable breaks to allow the patient to experience the various phases of Peplau's theory. While Peplau's theory usually takes longer to unfold, the urgent nature of suicide attempts requires quick therapeutic engagement. Previous studies have shown that Peplau's theory can be applied in time-limited clinical settings [20], demonstrating the effectiveness of this approach.

After collecting the data, the researchers analyzed them using inductive thematic analysis, following Braun and Clarke's six-step method [30]:

1. Familiarization with Data: The researchers reviewed the interviews and field notes multiple times to gain a complete understanding of the content.

2. Generating Initial Codes: The data were broken down into smaller parts, and initial codes were assigned.

3. Searching for Themes: The initial codes were organized into potential themes.

4. Reviewing Themes: The themes were evaluated for clarity and logical structure.

5. Defining and Naming Themes: The themes were clearly defined and labeled as follows.

6. Producing the Report: The final analysis was documented with the supporting evidence.

To enhance reflexivity, the lead author maintained a reflexivity journal detailing her background as a PhD nursing student with experience in acute care, potential biases, and how these were addressed through discussions with peers and triangulation. The researcher acknowledged that her background could influence how the data were interpreted, especially concerning cultural assumptions. To ensure data reliability, the researchers used the following methods:

1. Peer Debriefing: Two independent researchers coded and analyzed the data, resolving any disagreements by consulting a third researcher.

2. Audit Trail: Findings were supported by direct quotes from the patient and nursing notes.

3. Member Checking: The initial findings were shared with the patient to confirm the accuracy of the interpretations.

Results

The participant was a 19-year-old single female with a history of two prior suicide attempts (within the past month) who was transported by EMS, accompanied by her sister and mother, to the emergency department of an educational treatment center in Khorramabad. The patient's companions reported that she had ingested a combination of medications, including Diazepam (10 x 5mg), Acetaminophen (20 x 500mg), Amitriptyline (20 x 25mg), and Losartan (4 x 25mg), due to stress related to her final exams. Upon arrival at the emergency department, the patient exhibited a reduced level of consciousness (GCS=11). Following initial life-stabilizing measures, her physical condition stabilized.

The findings were derived through systematic thematic analysis of the patient's interviews and clinical interaction Finally Three main themes were identified:

1. Establishing Trust Through Culturally Sensitive Communication

In the Orientation phase, a safe and non-judgmental environment was established through culturally sensitive communication techniques. The nurse employed active listening and empathy techniques without directly questioning the patient's motivations. The patient initially displayed severe signs of anxiety and reluctance to communicate.

Patient quote: "*I felt like I could finally breathe... like someone was actually listening to me. I was so scared to talk about anything... but she made me feel safe.*" (Patient, Day 2)

The nurse's approach respected Iranian cultural norms regarding female modesty and communication patterns. Simple language was used, avoiding complex medical terminology, and the nurse maintained appropriate physical distance while establishing eye contact. Patient quote: "*I was afraid to talk about my relationship... but she made me feel safe. She didn't judge me like I thought she would.*" (Patient, Day 3)

2. Uncovering Hidden Psychosocial Stressors

During the Identification sub-phase, the patient gradually began to express her emotions through indirect questioning techniques. The patient initially concealed the true reasons for her suicide attempt.

Patient quote: "*I told them it was about exams... but it was really about my boyfriend. I was so ashamed to talk about it.*" (Patient, Day 3). Patient quote: "*In our culture, talking about relationships is not acceptable... especially for girls. My family would never understand.*" (Patient, Day 4)

Through gradual trust development, the patient disclosed the actual reasons for her suicide attempt: a romantic relationship that had been concealed from her family, followed by abandonment by her boyfriend. Patient quote: "*I felt like I could finally tell the truth... about how he abandoned me. I was so alone... I thought suicide was the only way out.*" (Patient, Day 4)

3. Developing Culturally Adapted Coping Strategies

In the Exploitation sub-phase, the patient began to actively utilize therapeutic resources. The nurse helped the patient develop culturally adapted coping strategies that respected Iranian social norms while addressing her psychological needs. Patient quote: "*The breathing exercises actually helped me... especially when I felt overwhelmed. I never thought something so simple could help.*" (Patient, Day 5). Patient quote: "*I learned how to talk to my mom without getting upset. It's not easy... but we're trying.*" (Patient, Day 6)

In the Termination phase, the patient demonstrated significantly increased cooperation and willingness to engage with follow-up care. A one-month follow-up indicated that the patient had established better communication with her family and had refrained from repeating the suicide attempt.

Patient quote (Follow-up): "*I am so glad that I can talk about my feelings and that someone understands me. Now I know I am not alone, and I can overcome these problems.*" (Patient, One-month follow-up)

Patient quote (Follow-up): "*My friends now know how to help me... they don't judge me. I feel like I have people to talk to now... not just my therapist.*" (Patient, One-month follow-up)

A summary of the findings is listed in Table 1.

Table 1: Thematic Analysis of Patient Interviews and Clinical Interactions

Main Theme	Sub-theme	Representative Codes	Patient Quotes (Direct Evidence)
Establishing trust through culturally sensitive communication	Creating a safe environment	Non-judgmental presence, Active listening, Cultural awareness	"I felt like I could finally breathe... like someone was actually listening to me" (Patient, Day 2), "I was afraid to talk about my relationship... but she made me feel safe" (P, D 3)
	Establishing a therapeutic relationship	Patience, Empathic responses, Gradual trust development	"I didn't want to talk at first... but she didn't push me" (P, D 1), "She understood without me having to say everything" (P, D 3)
Uncovering hidden psychosocial stressors	Concealing true motivations	Cultural taboos, Fear of judgment, Family expectations	"I told them it was about exams... but it was really about my boyfriend" (P, D 3), "In our culture, talking about relationships is not acceptable... especially for girls" (P, D 4)
	Revealing underlying issues	Gradual disclosure, Emotional safety, Validation	"I felt like I could finally tell the truth... about how he abandoned me" (P, D 4), "I was so alone... I thought suicide was the only way out" (P, D 5)
Developing culturally adapted coping strategies	Learning stress management	Culturally relevant techniques, Practical skills, Personalized approaches	"The breathing exercises actually helped me... especially when I felt overwhelmed" (P, D 5),"I learned how to talk to my mom without getting upset" (P, D 6)
	Building support networks	Family involvement, Peer support, Professional resources	"My friends now know how to help me... they don't judge me" (Patient, Follow-up),"I feel like I have people to talk to now... not just my therapist" (Patient, Follow-up)

Discussion

This case study presents strong evidence that Peplau's Theory of Interpersonal Relations, when thoughtfully adjusted for specific cultural contexts, serves as an effective framework for recognizing hidden psychosocial stressors and building therapeutic relationships with young Iranian women hospitalized after multiple suicide attempts involving drug overdose. Instead of simply recounting clinical events, this analysis clarifies how structured interpersonal processes can help overcome deep-seated cultural barriers that often hide the real causes of suicidal behavior.

The orientation phase was critical in creating a safe, non-judgmental environment that gradually built trust. This aligns with Hardie et al. (2022), who showed in an Irish clinical education context that fostering psychological safety during initial encounters significantly lowers anxiety and encourages participation. Although their study focused on nursing students rather than acutely suicidal patients, the fundamental mechanism—reducing perceived threats—seems highly applicable [31]. However, in Iran, this phase required more time and greater sensitivity because of the strong cultural taboos surrounding mental health discussions. This suggests that the pace and techniques used in Peplau's orientation phase may need to be adapted when moving from individualistic Western cultures to collectivist, high-stigma societies.

The working phase, which includes the identification and exploitation sub-phases, resulted in significant psychological changes. Through reflective listening and carefully crafted indirect questions, the patient shifted from socially acceptable reasons for her distress, such as exam stress, to revealing deep relational trauma, including abandonment in a secret romantic relationship. This pattern echoes the findings of Pereira et al. (2023), who used Peplau's theory to create anxiety management interventions for individuals with substance use disorders in Brazil [18]. Both studies highlight the effectiveness of non-judgmental methods in promoting emotional sharing. However, key contextual differences remain: Pereira et al. used a structured, multi-session outpatient program, while the current work took place in the high-pressure setting of an acute toxicology unit in a general hospital [18]. This similarity across different clinical environments strengthens the applicability of

Peplau's relational approach but also emphasizes the need for flexibility and conciseness in emergency care situations.

The termination phase was vital in solidifying therapeutic progress and supporting longer-term stability. Collaborative discharge planning, family education (with the patient's consent), and creating a support network seemed to empower the patient and reduce the chances of immediate relapse. These factors match the findings of Elstrup and Kalitzki (2022), who stressed the importance of careful follow-up in decreasing recurrent suicidal behavior among psychiatric patients in Sweden [32]. Although their research took place in specialized mental health settings, the present results broaden its relevance to acute medical wards, showing how theory-driven nursing care can blend with standard medical discharge procedures.

A key contribution of this study is its cultural adaptation of Peplau's theory. Originally developed in mid-20th-century North America within an individualistic culture that encourages open emotional expression [17], although Peplau's theory has been effectively used in Western settings (e.g., Morais et al.)[20], applying it in Iran necessitated significant changes to respect cultural norms. Thus, the theory needed changes for use in Iran, where family honor and strong taboos about premarital romantic relationships are prevalent. Adjustments included extending the Orientation phase, using indirect questions during Identification, and involving family members only with the patient's express permission. These changes allowed for the discovery of issues that standard assessments often miss. As Kim et al. (2020) noted in their examination of suicide attempts across ages, adolescents often have hidden reasons that only emerge after trust is established [33]. The current case clearly illustrates this: the patient first blamed her attempt on exam stress, while the main factor turned out to be relational abandonment. Such findings indicate that initial assessments in culturally conservative settings may underestimate risk unless supported by trust-building approaches grounded in theory.

It is important to consider alternative reasons for patient improvement. Her progress might have been affected by the natural resolution of intoxication, leaving the immediate triggering environment, passage of time, and standard medical and psychiatric care. Given the single-case design, attributing causality solely to the Peplau-guided intervention is not feasible. Thus, the findings suggest that a culturally adjusted implementation of Peplau's theory may lead to deeper therapeutic engagement, greater emotional sharing, and improved treatment collaboration, rather than proving its definitive effectiveness.

This study contributes to the existing literature in two key ways. First, it applies Peplau's framework within the Iranian cultural context, providing practical ways to address social taboos. Second, it expands on previous applications—many of which focused on patients with specific physical or chronic mental health issues [18, 34]— to the complex and relatively unstudied area of recurrent multi-drug suicide attempts in acute care settings. Future research using mixed-methods designs, larger groups, and longer follow-up periods will be essential to further validate and refine these culturally sensitive adaptations.

Limitations

This study had several limitations. First, its single-case design limits the extent to which the findings can be applied to other groups or situations. Although case studies offer detailed insights, they do not establish causal relationships or general patterns. Second, the one-month follow-up may not be long enough to assess the lasting impact of the interventions. Third, this study did not consider other explanations for patient improvement, such as natural recovery, standard medical care, or reduced immediate stressors from hospitalization. Finally, the study was conducted in one hospital in Khorram-Abad, which may not reflect the variety of healthcare contexts throughout the country. Future research should address these limitations by using larger samples, longer follow-ups, and studies across different environments.

Conclusion

This case study shows that Peplau's Interpersonal Relations Theory, when adjusted for cultural context, can help nurses build therapeutic relationships with youth who face repeated multi-drug suicide attempts. The findings emphasize that the theory can help nurses spot hidden psychosocial stressors that might be covered up by cultural norms. This is particularly relevant in places such as Iran, where social standards affect conversations about delicate topics. The study suggests that using Peplau's theory for therapeutic communication with young suicide attempters in the Iranian setting is promising; however, it does not claim to be definitively effective. The results indicate that culturally sensitive applications of the theory can help identify risk factors and develop focused interventions. It is recommended that training on Peplau's theory and its culturally sensitive adaptations be provided.

Authorship contribution statement

All authors have taken ownership of the entire content of this manuscript and have given their approval for its submission.

Ethical Considerations

Ethical approval was granted by the Hamadan University of Medical Sciences Ethics Committee (IR.UMSHA.REC.1405.276). The study followed strict ethical guidelines, including informed consent, privacy of information, and prevention of harm. Informed consent was obtained from the patient, including permission for audio recording interviews. Confidentiality was protected by using pseudonyms and securely storing the data

Conflict of interest statement

No conflict of interest has been declared

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Data Availability

This study did not generate any new datasets. However, more information may be obtained from the corresponding author upon reasonable request.

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Declaration of Generative AI

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of tables, or their corresponding captions.

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